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INTELLECTUAL PROPERTY LAW

| То: | U.S. Pater | nt & Trademo | ark Office Fr | om: | Ronald E. Smith | |
|--------|------------|--------------|----------------|--------|----------------------|--|
| Attn: | Michael A | A, Brown | | llent: | 1320.02 | ······································ |
| Fox: | (703) 872- | 9302 | P | ages: | 20 including coversh | eet |
| Phone: | (703) 308- | 2682 | D | ate: | November 29, 2004 | |
| Ř⊕; | USSN 09/6 | 882,353 | c | C: | Bailey Walsh & Co. | |
| □ Urge | nt 🗹 Fo | or Review | ☐ Please Comme | nt | ☐ Please Reply | ☐ Please Recycle |

Dear Examiner Brown:

In response to the non-final office action mailed on August 6, 2004, we enclose the following:

- Amendment Transmittal with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated November 29, 2004 (2 pages);
- Petition and Fee for Extension of Time with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated November 29, 2004 (2 pages);
- 3) Amendment A with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated November 29, 2004 (14 pages) and
- 4) Credit Card Payment Form PTO-2038 in the amount of \$152.00 (1 page).

Very respectfully.

Ronald E. Smith Reg. No. 28,761

The documentation accompanying this transmission contains information from the Law Office of Smith & Hopen, P.A., which is confidential and/or privileged. The information is intended only for the use of the individual or entity named on this sheet. If you are <u>not</u> the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance upon the contents of this telecopied information is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately, so that we can arrange for the return of the original documents to us at no cost to you.

NOV 2 9 2004

Confirmation No.: 8397

Ø 002/020

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 09/682,353

Applicant:

: Richard M. Hall

Filed:

: 08/24/2001

Art Unit

: 3764

Examiner

: Michael A. Brown

Docket No.

: 1320.02

Customer No.

: 21901

For

: Obesity Treatment Aid

Faxed to Technology Center 3700 at (703) 872-9302 Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. A Petition and Fee for Extension of Time is attached hereto.

CERTIFICATE OF FACSIMILE TRANSMISSION

(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Amendment A, including Introductory Comments, Amendments to the Specification, Amendments to the Claims, and Remarks, is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3764, Attn: Mr. Michael A. Brown, (703) 872-9302, on November 29, 2004.

Dated: November 29, 2004

(Amendment Transmittal-page 1)

Deborah Preza

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col.1) Claims Remaining After Amendment | | (Col. 2) | (Col. 3) Sh | | | | |
|--|--|-------|---------------------------------|------------------|-----------|---------------|---|--|
| | | | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee | • | |
| Total | 35 | Mimis | 34 | no 1 | x \$9 = | \$9 | | |
| Indep. | 5 | Minus | 3 | = 2 | x \$44 = | \$88 | | |
| First Presentation of Multiple Dependent Claim | | | | 1 | + \$150 = | = S 0 | | |
| | Total | | | | | | | |

Addit. Fee \$97

An additional fee for claims is required.

Credit Card Payment Form PTO-2038 is attached hereto.

Very respectfully,

Reg. No. 28,761

Tel. No.: (727) 507-8558

Ronald E. Smith Smith & Hopen, P.A.

15950 Bay Vista Drive, Ste. 220

SIGNATURE OF PRACTITIONER

Clearwater, FL 33760

(Amendment Transmittal-page 2)

If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

^{**} If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.